

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Tina Edward</u> Sign: <u>Tina Edward</u>	Street: <u>1904 N. Wis St.</u> City: <u>Racine</u> Zip: <u>53402 WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>262</u>
2. Print: <u>Luther Patterson</u> Sign: <u>Luther Patterson</u>	Street: <u>1001 Grand Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>
3. Print: <u>Joyce Long</u> Sign: <u>Joyce Long</u>	Street: <u>915 Haguerer St.</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>
4. Print: <u>FRANK Goodwin</u> Sign: <u>Frank Goodwin</u>	Street: <u>911 1/2 RACINE</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>
5. Print: <u>Brittney Moritz</u> Sign: <u>Brittney Moritz</u>	Street: <u>3712 Bolivar St #11</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>262</u>

I, Mary Tolero, (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 28 2011
(Month) (Day) (Year)
Mary Tolero
(Signature of Circulator)

Page No. 000051

Circulators.
Please include your

Phone:

Email:

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Byron Adkisson</u> Sign:	Street: <u>1647 9th St</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: _____ Phone: () _____
2. Print: <u>THOMAS C. PEGUES</u> Sign:	Street: <u>2600 HAPIOS DR.</u> City: <u>RACINE</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: _____ Phone: () _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: _____ Phone: () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: _____ Phone: () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / 20 <u> </u> (Month) (Day) (Year)	Email: _____ Phone: () _____

I, Mary Tetero (certify): I reside at 4409 Patzke Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)
Mary Tetero
(Signature of Circulator)

Page No. (Official Use Only)
000652

Circulators.
Please include your

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 250
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Tranisha Hill</u> Sign: <u>Tranisha Hill</u>	Street: <u>5110 Wisconsin Ave #15</u> City: <u>Racine</u> Zip: <u>53408 WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
2. Print: <u>Beverlee Casperson</u> Sign: <u>Beverlee Casperson</u>	Street: <u>1810 Roe Ave Upper</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
3. Print: <u>TyQuanda Mayfield</u> Sign: <u>TyQuanda Mayfield</u>	Street: <u>510 12th St</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()

I, Mary Dero (Printed Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caladonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)
Mary Dero
(Signature of Circulator)

Page No. 000653

Circulators.
Please include your

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, W

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Ericka Hubbard</u> Sign: <u>Ericka Hubbard</u>	Street: <u>510 12th St.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: Phone: (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20_____ (Month) (Day) (Year)	Email: Phone: (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20_____ (Month) (Day) (Year)	Email: Phone: (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20_____ (Month) (Day) (Year)	Email: Phone: (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	_____/_____/20_____ (Month) (Day) (Year)	Email: Phone: (

I, Mary Dero (Printed Name of Circulator), (certify): I reside at 4409 Patzke (Circulator's Residence - Street Name and Number)

Caladonia (Circulator Municipality)

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11 / 28 / 2011
(Month) (Day) (Year)

Mary Dero
(Signature of Circulator)

Page No. (Official Use Only)
000654

Circulators.
Please include your c

Phone:

Email:

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 250
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Scott Bell</u> Sign: <u>[Signature]</u>	Street: <u>5408 Court dr.</u> City: <u>Recone</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: Phone: <u>262</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: ()

I, Mary Detero (Printed Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caledonia (Circulator Municipality)

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11 / 28 / 2011
(Month) (Day) (Year)

[Signature]
(Mary Detero)
(Signature of Circulator)

Page No. 000655

Circulators.
Please include your c

Phone:
()
Email:

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Tony Alexander	<i>Tony Alexander</i>	Street: 1624 12TH APT A City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
2. Brock Perry	<i>Brock Perry</i>	Street: 1714 Linden Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
3. Laura Johnson	<i>Laura Johnson</i>	Street: 1624 12TH APT A City: Racine Wis Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

I, Mary Tolero (Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011 (Month) (Day) (Year)

Mary Tolero (Signature of Circulator)

Page No. (Official Use Only)
000656

Circulator
Phone
Email

K 33

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>EUGENE KONSINOWSKI</u>	<u>[Signature]</u>	Street: <u>1839 54th</u> City: <u>RACINE</u> Zip: <u>53401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/28/2011</u> (Month) (Day) (Year)
2. <u>Regina Grandberry</u>	<u>[Signature]</u>	Street: <u>1434 Margaret</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
3. <u>Tammy Charles</u>	<u>[Signature]</u>	Street: <u>1820 ST PATRICK</u> City: <u>Racine Wis</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/28/2011</u> (Month) (Day) (Year)
4. <u>Anthony Segura</u>	<u>[Signature]</u>	Street: <u>1630 Carlisle Ave</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
5. <u>Delicia Bryant</u>	<u>[Signature]</u>	Street: <u>1611 W 6th St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
6. <u>Susan M. Arneson</u>	<u>[Signature]</u>	Street: <u>430 3 mile Rd</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia</u>	<u>11/28/2011</u> (Month) (Day) (Year)
7. <u>Jesus Esquivel Jr</u>	<u>[Signature]</u>	Street: <u>745 Imperial Dr</u> City: <u>Racine W.</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
8. <u>Akosua Aning</u>	<u>[Signature]</u>	Street: <u>2416 Harriet St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
9. <u>Kristina Fik</u>	<u>[Signature]</u>	Street: <u>1816 Chatham St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/28/2011</u> (Month) (Day) (Year)
10.		Street: City:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)

I, Mary Tetero (Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11/28/2011 (Month) (Day) (Year) Mary Tetero (Signature of Circulator)

Page No. 000657

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Prentiss W Holliman	<i>Prentiss W. Holliman</i>	Street: 1537 S. Memorial Dr City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
2. Patrick Sims	<i>Patrick Sims</i>	Street: 1821 Flett Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
3. Michael Battie	<i>Michael Battie</i>	Street: 2930 Russet City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
4. John Blakey	<i>John Blakey</i>	Street: 1427 S. Wisconsin Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
5. Ruth Healy	<i>Ruth Healy</i>	Street: 1427 S. Wisconsin Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
6. Jarriel Barry	<i>Jarriel Barry</i>	Street: 1608 6th St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
7. David Gibson	<i>David Gibson</i>	Street: 6553 Primrose Way City: Racine WI Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
8. Jabari Scurlock	<i>Jabari Scurlock</i>	Street: 1534 West St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
9. Kelley Blane	<i>Kelley Blane</i>	Street: 908 Hamilton St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
10. Jackie Singleton	<i>Jackie Singleton</i>	Street: 1749 Howe City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)

I, Mary Totera (Name of Circulator), (certify): I reside at 4409 Patzke Rd Calderonia (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011 (Month) (Day) (Year)




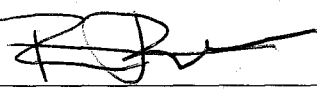
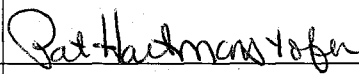
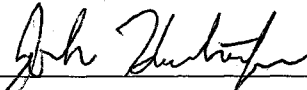
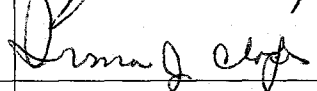
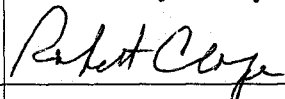
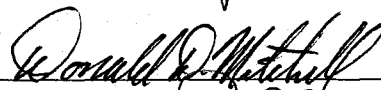
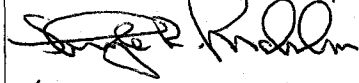
Mary Totera (Signature of Circulator)

Page No. (Official Use Only)
000658

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

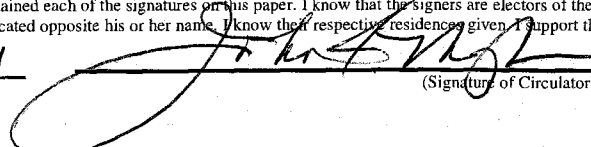
To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Tami Lema		Street: 19119 2 mile Rd City: Franksville Zip: 53126	<input checked="" type="checkbox"/> Town Yorkville <input type="checkbox"/> Village <input type="checkbox"/> City	11/24/2011 <small>(Month) (Day) (Year)</small>
2. Heather McBride		Street: 2523 Arlington Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>
3. Deani Rendon		Street: 1713 LaSalle St. City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>
4. Randy Rendon		Street: 1713 LaSalle St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>
5. Patricia Hartmanstorfer		Street: 9032 Northwestern Ave City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/28/2011 <small>(Month) (Day) (Year)</small>
6. John Hartmanstorfer		Street: 9032 Northwestern Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/28/2011 <small>(Month) (Day) (Year)</small>
7. Irma Clope		Street: 3623 CANDLE CT #2 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/28/2011 <small>(Month) (Day) (Year)</small>
8. Robert Clope		Street: 3623 CANDLE CT #2 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CALEDONIA	11/28/2011 <small>(Month) (Day) (Year)</small>
9. Donald D. Mitchell		Street: 1446 S. EMMERTSEN RD City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
10. Henryk R. Makowka		Street: 4336 N. Main St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>

I, John P. Maglio (Name of Circulator), certify: I reside at 1820 COURT JUD LN. CALEDONIA 53402 (Circulator's Residence - Street name and Number), CALEDONIA (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given to support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

 (Signature of Circulator)

Page No. (Official Use Only)
000653

Circulators
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Alyson Eisch	<i>Alyson Eisch</i>	Street: 5340 Tropical Ct City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/19/2011 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, LYNDA POLECEK, (certify): I reside at 8539 So. River Terrace Dr Franklin
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Lynda Polecek
(Signature of Circulator)

Page No. 000660
 # _____

Circulator
 Phone
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>Brenda Thompson</u>	<u>[Signature]</u>	Street: <u>2218 GEORGIA AVE</u> City: <u>RAINE</u> Zip: <u>53401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RAINE</u>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>Phonda Thompson</u>	<u>[Signature]</u>	Street: <u>4124 Coachlight Dr</u> City: <u>Caladonia</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>caladonia WI</u>	<u>11/28/2011</u> <small>(Month) (Day) (Year)</small>
3.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
4.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20__</u> <small>(Month) (Day) (Year)</small>

I, Richard Krumpal (Name of Circulator), (certify): I reside at 9132 Old Spring St (Circulator's Residence - Street name and Number) mt. Pleasant WI 53406 (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 (Month) (Day) 20 11 (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)
000661

Circulator
Phone
Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LARRY CASEBOLT JR.	<i>Larry Casebolt Jr.</i>	Street: 4510-WOOD Rd City: RALINE Zip: 53403	<input checked="" type="checkbox"/> Town MT. PLEASANT <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City RALINE	11/21/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Anne M. Nesgaard (Name of Circulator), (certify): I reside at 5406 Twin Elm Dr. (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Anne M. Nesgaard
(Signature of Circulator)

Page No. 000562
#

Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <i>HENRY LAUDENBACH</i>	<i>Henry Laudendbach</i>	Street: <i>622 GODD ST</i> City: <i>RACINE</i> Zip: <i>53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>11/28/2011</i> <small>(Month) (Day) (Year)</small>
2. <i>Nathaniel Kodamien</i>	<i>Nathaniel A. Kodamien</i>	Street: <i>3118 Windsor Dr.</i> City: <i>Racine</i> Zip: <i>53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/28/2011</i> <small>(Month) (Day) (Year)</small>
3. <i>Isaac Mercado</i>	<i>Isaac Mercado</i>	Street: <i>1948 Prospect St.</i> City: <i>Racine</i> Zip: <i>53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/28/2011</i> <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, *ANNE M. NESSGAARD* (Name of Circulator) (certify): I reside at *5400 Twin Elms Dr* (Circulator's Residence - Street name and Number) *Caledonia* (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / *28* / *11* (Month) (Day) (Year)

[Signature] (Signature of Circulator)

Page No. *000663*

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Douglass Kromer		Street: 9132 Old Spring St City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	11 / 16 / 2011 <small>(Month) (Day) (Year)</small>
2. Abigail Scheffler		Street: 8902 Dunkelau RD City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11 / 23 / 2011 <small>(Month) (Day) (Year)</small>
3. Richard Kramer		Street: 9132 OLD SPRING ST City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
4. MARVIN Schriener		Street: 2202 Spring St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
5. Kimberly Johansen		Street: 4579 68th Street City: Franksville WI Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
6. Valencia Koker		Street: 2312 Webster Street City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
7. Clarence Hayfield		Street: Racine 3815 Santa Fe Trail City: Racine Zip: 53401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
8. Jyrki Ahlgren		Street: 10319 Northwestern Ave City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
9. Dawn Baker		Street: 3609 10th Ave. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine <input type="checkbox"/> City	11 / 28 / 2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Mary Jo Kramer (Name of Circulator), (certify): I reside at 9132 Old Spring St Mt. Pleasant (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011 (Month) (Day) (Year) Mary Jo Kramer (Signature of Circulator)

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Joe Kneissel	<i>Joe Kneissel</i>	Street: <i>1116 Arkham Ave</i> City: <i>Racine WI</i> Zip: <i>53405</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>11/28/2011</i> (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 20</i> (Month) (Day) (Year)

Certification of Circulator

I, *Mark Sorel* (Name of Circulator) (certify): I reside at *4450 11 Oakland Ave Apt 2F Shorewood* (Circulator's Residence - Street name and Number) *Shorewood* (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 *28* *2011*
(Month) (Day) (Year)


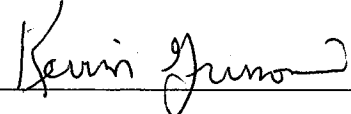
[Signature]
(Signature of Circulator)

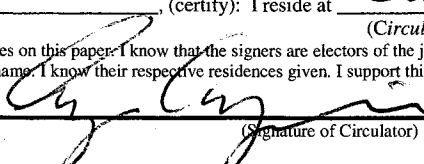
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Circulators, p
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. COLETTE GRISSOM		Street: 982 180th Ave City: Union Grove Zip: 53182	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove (ABC)	11/24/2011 <small>(Month) (Day) (Year)</small>
2. KEVIN GRISSOM		Street: 982 180th Ave City: Union Grove Zip: 53182	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove (ABC)	11/24/2011 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

I, Amy Czerniec (Name of Circulator)
 (certify): I reside at 2809 Webster ST (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)
 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
 11 / 28 / 2011 (Month) (Day) (Year)
 (Signature of Circulator)
 Page No. 000586 #

Circulators

Phone

Email

VAN WANGGAARD RECALL PETITION

Return to:

Committee
PO Box 2
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Daniel J. Venne</u> Sign: <u>Daniel J. Venne</u>	Street: <u>3806 Indiana Lane</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mount Pleasant</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>dvadadr</u> Phone: <u>()</u>
2. Print: <u>JOHN M CORVELEYIN</u> Sign: <u>John M Corveleyin</u>	Street: <u>8801 CAMELOT TR</u> City: <u>STURTEWANT</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEWANT</u> (Municipality Name)	<u>1/24/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
3. Print: <u>KAREN CORVELEYIN</u> Sign: <u>Karen Corveleyin</u>	Street: <u>8801 Camelot Trace</u> City: <u>Sturtevant</u> Zip: <u>WI 53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u> (Municipality Name)	<u>11/24/20</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
4. Print: <u>Alexzandro Batts</u> Sign: <u>Alex Batts</u>	Street: <u>2511 Charles St.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email: <u>arb</u> Phone: <u>(26)</u>
5. Print: <u>Jean Magnusson</u> Sign: <u>Jean M. Magnusson</u>	Street: <u>3631 Carter St.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email: <u>imag</u> Phone: <u>(26)</u>

Certification of Circulator

I, Daniel J. Venne (certify): I reside at 3806 Indiana Lane Mount Pleasant
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Daniel J. Venne
(Signature of Circulator)

Page No. (Official Use Only)

000667

Circulators.
Please include your

Phone

(262)

Email

dvadadr

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Marilyn L. Walker		Street: 9019 Chicory Creek Dr City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/21/2011 <small>(Month) (Day) (Year)</small>
2. Dolores Sommer		Street: 5728 Cambridge Circle City: Racine Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	11/21/2011 <small>(Month) (Day) (Year)</small>
3. Ken Gill		Street: 3916 Osborne Blvd City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
4. Floyd Schneider		Street: 4042 N Main Apt 6d City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/21/2011 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

I, Lawrence Mitchell (Name of Circulator), (certify): I reside at 410 Sherwin Dr. (Circulator's Residence - Street name and Number) Rochester (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

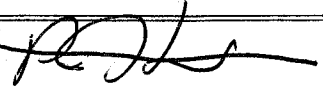

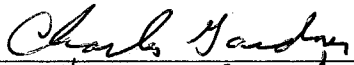

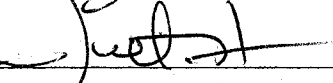



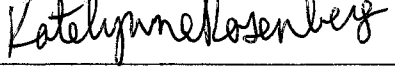
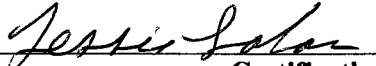
11 / 21 / 2011 (Month) (Day) (Year) Lawrence Mitchell (Signature of Circulator)

Page No. 000668

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

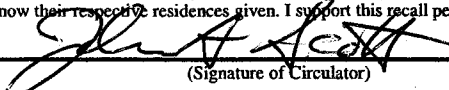
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. PAUL HUBER		Street: 1624 SHERMAN AVE City: 50 MILWAUKEE Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City 2nd Ward	11/25/2011 (Month) (Day) (Year)
2. Lela Chavez		Street: 815 8th St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
3. Charles Gardner		Street: 2603 Kentucky St City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
4. Larry Buchanan		Street: 3011 Sovereign Dr City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
5. Jethan Hernandez		Street: 2024 Washington Ave #2 City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
6. Rose Gerardo		Street: Racine WI 53403 City: 2944 Chicory Rd Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
7. BEVERLY RIEDI		Street: 1520 Quinegan Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)
8. Rodney Gunn		Street: 2514 Orchard St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)
9. Katelynne Rosenberg		Street: 3030 Grandale Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
10. Jessie SALAS		Street: RACINE SPRING ST City: RACINE WI Zip: 5305	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lathrop Ave Wt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 120 11
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. DAWN M. WELLS	<i>Dawn M. Wells</i>	Street: 1317 Groves Ln City: Union Grove WI Zip: 53182	<input checked="" type="checkbox"/> Town Union Grove WI <input type="checkbox"/> Village <input type="checkbox"/> City	11/25/2011 <small>(Month) (Day) (Year)</small>
2. Destiny Bradley	<i>Destiny Brady</i>	Street: 3327 Kentucky City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
3. Reyna Navejar	<i>Reyna Navejar</i>	Street: 4032 Knoll pl 53403 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
4. Casey Cleveland	<i>Casey C</i>	Street: 3719 Balmoral Dr City: Janesville Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/25/2011 <small>(Month) (Day) (Year)</small>
5. Donald Dzurick	<i>Donald Dzurick</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
6. DONALD DZURICK	<i>Donald Dzurick</i>	Street: 3247 Kensington Sq Rd City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/20/2011 <small>(Month) (Day) (Year)</small>
7. Lynn Morelli	<i>Lynn Morelli</i>	Street: 3430 Chicory Rd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
8. Carolyn Legarty	<i>Carolyn Legarty</i>	Street: 346 6th Place City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town Somerset <input type="checkbox"/> Village <input type="checkbox"/> City	11/26/2011 <small>(Month) (Day) (Year)</small>
9. Camille Williams	<i>Camille Williams</i>	Street: 2880 Brentwood Dr City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>
10. BARBARA HERDING	<i>Barbara Herd</i>	Street: 8500 Queensbury Ln. City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lathrop Ave Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/26/2011
(Month) (Day) (Year)

John A. Scott
(Signature of Circulator)

Page No. 000070
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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Frederick Ramas	<i>Frederick Ramas</i>	Street: 1540 Taylor Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)		
2. Carmelita Rodriguez	<i>Carmelita Rodriguez</i>	Street: 3421 Illinois St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
3. James Martin	<i>James Martin</i>	Street: 3226 17th St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
4. Terrence Cook	<i>Terrence Cook</i>	Street: 1618 West St upper City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
5. Robert Molewa	<i>Robert Molewa</i>	Street: Racine WI City: 2417 Erie Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
6. Jeri L Fisher	<i>Jeri L Fisher</i>	Street: 2610 Kearney Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
7. Kathleen B Rowley	<i>Kathleen B Rowley</i>	Street: 3520 Sheridan Rd City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant	11/25/2011 (Month) (Day) (Year)		
8. Jervay Doss	<i>Jervay Doss</i>	Street: 2207 Jerome Blvd City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
9. LYN Rosenbaum	<i>Lyn Rosenbaum</i>	Street: 3611 Sovereign Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)		
10. Katherine Atkinson	<i>Katherine Atkinson</i>	Street: 2021 ReKoven City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lathrop Ave Mt. Pleasant
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 2011
 (Month) (Day) (Year)

John A. Scott
 (Signature of Circulator)

Page No. 000671
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tiara Evans	<i>Tiara Evans</i>	Street: 254 Carlisle Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
2. FLORENCE GUILBAULT	<i>Florence Guilbault</i>	Street: 5805 16th City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)
3. MARIA P. CHACON	<i>Maria P. Chacon</i>	Street: 2119 OHIO ST City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
4. Brian R Siehr	<i>Brian R Siehr</i>	Street: 2517 Gillen St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
5. Teresa A. COOK	<i>Teresa A. Cook</i>	Street: 3519 SPRUCE ST. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/25/2011 (Month) (Day) (Year)
6. Christopher Witt	<i>Christopher Witt</i>	Street: 1923 Cleveland Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
7. Kim Andersen	<i>Kim Andersen</i>	Street: 2627 Olive St. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
8. GARY L. TOMS, SR.	<i>Gary L. Toms, Sr.</i>	Street: 1219 GENEVA ST. City: RACINE, WI. Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)
9. Joseph Willems	<i>Joseph Willems</i>	Street: 2932 Chicago RD City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
10. Jennifer Schubert	<i>Jennifer Schubert</i>	Street: 2316 ILLINOIS ST City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lehigh Ave Wt. Pleasant
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 26, 2011
 (Month) (Day) (Year)

John A. Scott
 (Signature of Circulator)

Page No. 000672
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Therese Kratochvil	<i>[Signature]</i>	Street: 3349 N Elmwood Dr City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elmwood	11/25/2011 (Month) (Day) (Year)
2. Eric Johnson	<i>[Signature]</i>	Street: 6800 W 14th City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
3. Sue Houlette	<i>[Signature]</i>	Street: 3030 Glendale Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
4. Julie Salas	<i>[Signature]</i>	Street: 3730 Spring St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
5. Cheryl Brown	<i>[Signature]</i>	Street: 3309 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
6. Leo R Brown	<i>[Signature]</i>	Street: 3309 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
7. Narvell Billups	<i>[Signature]</i>	Street: 1709 - Villa St. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
8. Judith Grant	<i>[Signature]</i>	Street: 2216 Roslidge Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
9. Joseph Kramer	<i>[Signature]</i>	Street: 1767 State City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
10. Mary Ann Davison	<i>[Signature]</i>	Street: 4310 Donburg Ln City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lathrop Ave West Pleasant
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 2011
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 (Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Bonnie Mae Brucker	Bonnie Mae Brucker	Street: 3900 Spring St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
2. Rodger C. Wells	Rodger C. Wells	Street: 1317 Grove St City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Union Grove	11/25/2011 (Month) (Day) (Year)		
3. Dwayne Landers	Dwayne Landers	Street: 2204 Blake St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
4. SARAH L. Mena	Sarah L. Mena	Street: 2232 MEAD ST. City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/25/2011 (Month) (Day) (Year)		
5. Jerome Paster	J Jerome Paster	Street: 3180 17th street City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)		
6. RAUL VALADAZ	Raul Valadaz	Street: 913 Dekard Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)		
7. Carmen Reyes	Carmen Reyes	Street: 3051 Hamlin Ave City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)		
8. Ivan Santos	Ivan Santos	Street: 3232 Cookidge Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/26/2011 (Month) (Day) (Year)		
9. Kristen Ison	Kristen Ison	Street: 4215 Dwyandale City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)		
10. JAVICE THOMAS	Javice Thomas	Street: 3218 Spruce St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)		

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 Lathrop Ave mt. Pleasant
 (Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 2011
 (Month) (Day) (Year)

John A. Scott
 (Signature of Circulator)

Page No. (Official Use Only)

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Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Veronica Garcia	<i>Veronica Garcia</i>	Street: 3051 Hamlin St City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
2. Aveling Garcia	<i>Ave Garcia</i>	Street: 3051 Hamlin St City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
3. Tanya Pank	<i>Tanya Pank</i>	Street: 7115-38 Ave City: Kenosha Zip: 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/26/2011 (Month) (Day) (Year)
4. Joe J. Dembowski	<i>Joseph Dembowski</i>	Street: 5726 Tahoe Dr. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/26/2011 (Month) (Day) (Year)
5. Susana Becerra	<i>Susana Becerra</i>	Street: 2400 Taylor Ave City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
6. BOB ANDREWS Robert Andrews	<i>Robert Andrews</i>	Street: Orchard St 53405 City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
7. Josephine Shanahan	<i>Josephine Shanahan</i>	Street: 3118 Hickory Grove Ave. City: Mt. Pleasant Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/26/2011 (Month) (Day) (Year)
8. LESLIE GAIN	<i>Leslie Gain</i>	Street: 3230 Rosalind Ave City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/26/2011 (Month) (Day) (Year)
9. Debbie Escobar	<i>Debbie Escobar</i>	Street: 15941 Durand Ave 8c City: Union Grove Zip: 53182	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/26/2011 (Month) (Day) (Year)
10. Kim Guzman	<i>Kim Guzman</i>	Street: 2615 Republic Av City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/26/2011 (Month) (Day) (Year)

Certification of Circulator

I, John A. Scott, (certify): I reside at 5333 LeRue Ave Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 2011
(Month) (Day) (Year)

John A. Scott
(Signature of Circulator)

Page No. 000675
#

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. John Schmalfelt	<i>John Schmalfelt</i>	Street: 4605 LIMERICK LANE City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/28/2011 <small>(Month) (Day) (Year)</small>
2. Jim Olstinske	<i>Jim Olstinske</i>	Street: 1716 Summer set Dr #202 City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/28/2011 <small>(Month) (Day) (Year)</small>
3. Angelita R. Daniels	<i>Angelita R. Daniels</i>	Street: 1229 1/2 N. Main St. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
4. Brenda J. Harris	<i>Brenda J. Harris</i>	Street: 2626 Donna Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
5. Mary Ann Reading	<i>Mary Ann Reading</i>	Street: 4328. Maple Lane City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
6. Jon Bolton	<i>Jon Bolton</i>	Street: 420 H164 ST City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/28/2011 <small>(Month) (Day) (Year)</small>
7. Lorie A. Kanetzke	<i>Lorie A. Kanetzke</i>	Street: 4803 Kings Cove Rd. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Shirley K Lamm (Name of Circulator), (certify): I reside at 3324 County Line Rd (Circulator's Residence - Street name and Number) MT Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Shirley K Lamm
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. ANGELA DRIVER	<i>Angela Driver</i>	Street: 1255 N Sunnyslope #102 City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/28/2011 <small>(Month) (Day) (Year)</small>
2. GEROLD KOUSEK	<i>Gerold Kousek</i>	Street: 10311 CADDY LANE City: CALEDONIA Zip: 53408	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/28/2011 <small>(Month) (Day) (Year)</small>
3. SLEONE KOUSEK	<i>Sleone Kousek</i>	Street: 10311 CADDY LANE City: CALEDONIA Zip: 53408	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/28/2011 <small>(Month) (Day) (Year)</small>
4. Julie Halliburton?	<i>[Signature]</i>	Street: 1520 Washburne City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
5. ROBERT CRIBARI	<i>Robert Cribari</i>	Street: 6455 LINCREST DR. City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/28/2011 <small>(Month) (Day) (Year)</small>
6. Matthew Bell	<i>Matthew Bell</i>	Street: 6938 babolink Rd City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/28/2011 <small>(Month) (Day) (Year)</small>
7. Pamela y Nory	<i>Pamela y Nory</i>	Street: 1107 Sundance Lane City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia.	11/28/2011 <small>(Month) (Day) (Year)</small>
8. BRIAN TRELLEN	<i>Brian Trelle</i>	Street: 138 S. GREEN BAY RD City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	11/28/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

I, John F. Maglio (Name of Circulator) Certification of Circulator (certify): I reside at 1800 COUNTRY LN CALEDONIA 53402 (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/28/2011 (Month) (Day) (Year) *[Signature]* (Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. SUSAN K. Stindlle	<i>Susan K. Stindlle</i>	Street: 801 CLEVELAND AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine P.B.	11/18/2011 (Month) (Day) (Year)
2. John Hennigan	<i>John Hennigan</i>	Street: 1124 ARTHUR AVE. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)
3. LYNDIA BALDUKAS	<i>Lyndia Baldukas</i>	Street: 3347 Fifth Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
4. KAYIA HERMANN	<i>Kayia Hermann</i>	Street: 737 CLEVELAND AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
5. Shawn Hermanns	<i>Shawn Hermanns</i>	Street: 737 Cleveland Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
6. Constance McCarty	<i>Constance McCarty</i>	Street: 4300 N Main #108 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia P.B.	11/23/2011 (Month) (Day) (Year)
7. Heidi Hansen	<i>Heidi Hansen</i>	Street: 410 maurice Dr City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/23/2011 (Month) (Day) (Year)
8. Kathryn Pullen	<i>Kathryn Pullen</i>	Street: 1628 LaSalle St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
9. Margot Fuentes	<i>Margot Fuentes</i>	Street: 2423 Arlington Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)
10. Tamara Sanchez	<i>Tamara Sanchez</i>	Street: 526 West Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 (Month) (Day) (Year)

Certification of Circulator
I, Paula Boudreau, (certify): I reside at 5559 Deerfield Rd. Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Paula Boudreau
(Signature of Circulator)

Page No. (Official Use Only)
000673

Circulation

Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Faye Bryce	<i>Faye Bryce</i>	Street: 1718 Wind-Dale Dr. City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)
2. Eugene Ynocencio	<i>Eugene Ynocencio</i>	Street: 1723 Green St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)
3. Kimberly Boudreaux	<i>Kim Boudreaux</i>	Street: 5559 Deerfield Rd City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/18/2011 (Month) (Day) (Year)
4. Yvette Boudreaux	<i>Yvette Boudreaux</i>	Street: 1020 Perry Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
5. Lisa A. Sanchez	<i>Lisa A. Sanchez</i>	Street: 526 West Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 (Month) (Day) (Year)
6. Nicholas Moreno	<i>Nicholas Moreno</i>	Street: 526 West Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Paula Boudreaux, (certify): I reside at 5559 Deerfield Rd. Mt. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 28 2011
(Month) (Day) (Year)

Paula Boudreaux
(Signature of Circulator)

Page No. (Official Use Only)
000673

Circulator
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VAN WANGGAARD RECALL PETITION

Return by January 10, 2012 to:

Committee to Recall Wanggaard
PO Box 2569

Madison, WI 53701

We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

IF DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION	Volunteer
<i>William Simms</i>	Street: 3136 Kearney Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>C. D. Dwyer</i>	Street: 1620 N. Main St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>J. J. All</i>	Street: 2432 Jerome City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>SE</i>	Street: 2049 Taylor City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Anthony Bergeron</i>	Street: 4311 Durand Ave Apt 205 City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Andrew Schumaker</i>	Street: 3870 Wright City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Ma O'Neil</i>	Street: 1839 Cassale St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Nazimul Islam</i>	Street: 2552 East Crescent City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Rick Olson</i>	Street: 3523 17th St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer
<i>Thelene Castillo</i>	Street: 3110 Hickory Grove City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 (Month) (Day) (Year)	Email Phone ()	<input type="checkbox"/> Check to Volunteer

Certification of Circulator

(certify): I reside at 5333 Lehigh Ave
(Circulator's Residence - Street name and Number)

Wt. Racine
(Circulator Municipality)

I certify that each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

John A. Scott
(Signature of Circulator)

Page No. 000680
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Circulators, please include your contact info in case there are problems

Phone (262) 553-2069
Email

K 33117
MC

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Rashanda Cainion	<i>Rashanda Cainion</i>	Street: 1661 Monroe Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
2. William McNeal	<i>William R McNeal</i>	Street: 2540 Rolling Fields City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
3. Gracie Harrell	<i>Gracie Harrell</i>	Street: 8432 Majestic Hills Dr City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>
4. Jerome Cainion II	<i>Jerome Cainion II</i>	Street: 1661 Monroe Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
5. Jerome L Harrell	<i>Jerome L Harrell</i>	Street: 8932 Majestic Hills Dr City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/24/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

I, Sara McNeal (Name of Circulator), (certify): I reside at 3900 Kennsington Sq Rd (Circulator's Residence - Street name and Number) Sturtevant (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 24 / 2011
(Month) (Day) (Year)

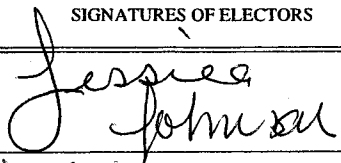

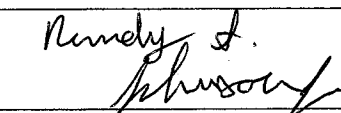

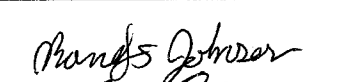
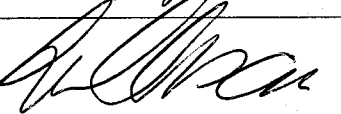
Sara McNeal
(Signature of Circulator)

Page No. (Official Use Only)
000681

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

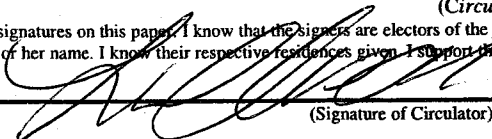
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jessica Johnson		Street: 1537 N. Emmertsen City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/22/2011 <small>(Month) (Day) (Year)</small>	Email: Jess Phone: ()
2. Timothy Thilleman		Street: 3404 Lasalle St City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/27/20 <small>(Month) (Day) (Year)</small>	Email: Tim Phone: ()
3. Randy S. Johnson Sr.		Street: 1537 N Emmertsen Rd. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/27/2011 <small>(Month) (Day) (Year)</small>	Email: bty Phone: ()
4. Jennifer Johnson		Street: 1622 E. Irving Pl. #12 City: Milwaukee, WI Zip: 53202	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City A	11/22/2011 <small>(Month) (Day) (Year)</small>	Email: jje Phone: ()
5. RANDY JOHNSON		Street: 1537 N Emmertsen City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/23/20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
6. Lisa Johnson		Street: 1537 N. Emmertsen City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/28/2011 <small>(Month) (Day) (Year)</small>	Email: john Phone: ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email: () Phone: ()

Certification of Circulator

I, Lisa Johnson (Name of Circulator), (certify): I reside at 1537 N. Emmertsen (Circulator's Residence - Street name and Number) Mt. Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Indicate Page Only)
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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Brian Gursky	<i>Brian Gursky</i>	Street: 2210 ILLINOIS ST. City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>
2. Darlene Martinez	<i>Darlene Martinez</i>	Street: 2604 GROVE AVE City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
3. Jessie Vinson	<i>Jessie Vinson</i>	Street: 1634 1/2 HOWE City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
4. Christine Horn	<i>Christine Horn</i>	Street: 2422 20th City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
5. RALEIGH FINLEY	<i>Raleigh Finley</i>	Street: 2830 KENWOOD DR City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Amanda S Langel, (certify): I reside at 2422 20th St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 20 11
(Month) (Day) (Year)

Amanda S Langel
(Signature of Circulator)

Page No. 000583
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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. ALLEN F. HORN	<i>Allen F. Horn</i>	Street: 5936 MARGERY DR. #108 City: MOUNT PLEASANT Zip: 53406	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MOUNT PLEASANT	11/19/2011 <small>(Month) (Day) (Year)</small>
2. Phyllis J. Horn	<i>Phyllis J. Horn</i>	Street: 5936 Margery Dr. #108 City: Mount Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mount Pleasant	11/19/2011 <small>(Month) (Day) (Year)</small>
3. Christie Gajewski	<i>Christie Gajewski</i>	Street: 8709 Majestic Hills Dr. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/22/2011 <small>(Month) (Day) (Year)</small>
4. Cynthia Peterson	<i>Cynthia Peterson</i>	Street: 1438 Breeze Terrace City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
5. DAN A. KALL	<i>Dan A. Kall</i>	Street: 3501 Spruce St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
6. Mark A. Peterson	<i>Mark A. Peterson</i>	Street: 1438 Breeze Ter. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 <small>(Month) (Day) (Year)</small>
7. Brian H Peterson	<i>Brian Peterson</i>	Street: 1438 Breeze Terrace City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
8. Wayne Johnson	<i>Wayne Johnson</i>	Street: 3260 Debel City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
9. Marilyn Jakuch	<i>Marilyn Jakuch</i>	Street: 2612 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 <small>(Month) (Day) (Year)</small>
10. Mary Schertman	<i>Mary Schertman</i>	Street: 13418 7 1/2 Mile Rd City: Caledonia WI Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/25/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Amanda S. Langel, (certify): I reside at 2422 20th St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Amanda S. Langel
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Peggy Hayden	Peggy Hayden	Street: 5437 Chestnut Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2012 (Month) (Day) (Year)
2. Lisa Brennan	Lisa Brennan	Street: 314 Luedtke City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
3. DANIEL FELICA	Daniel Felica	Street: 2400 MITCHELL ST City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/25/2011 (Month) (Day) (Year)
4. Ronald R Rowley	Ronald R Rowley	Street: 3520 Sheridan Rd City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/25/2011 (Month) (Day) (Year)
5. Courtney Yeagle	Courtney Yeagle	Street: 3519 Indiana St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
6. Ashley Victor	Ashley Victor	Street: 3114 Gates Ct City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
7. Michael Stone	Michael Stone	Street: 1012 North St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
8. Janet Akulian	Janet Akulian	Street: 1216 Blaine AV. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
9. PATRICIA STOKER	Patricia Stoker	Street: 3334 Drebe Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)
10. Jill Fall	Jill Fall	Street: 920 Blaine City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/25/2011 (Month) (Day) (Year)

Certification of Circulator

I, Amanda S. Lange, (certify): I reside at 2422 20th Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 2011
(Month) (Day) (Year)

Amanda Lange
(Signature of Circulator)

Page No. 000085
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Terese M Young	<i>Terese M Young</i>	Street: 3224 Maryland Ave City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elmhurst Park	11/26/2011 (Month) (Day) (Year)
2. Paula Gomez	<i>Paula Gomez</i>	Street: 1805 Villa St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
3. Scott Wolbach	<i>Scott Wolbach</i>	Street: 1367 Deane Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
4. Donna Klein	<i>Donna Klein</i>	Street: 3145 Wheeler Dr City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
5. SABINA BRADLEY	<i>Sabina Bradley</i>	Street: 3327 Kentucky St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
6. Susan J. Evans	<i>Susan J. Evans</i>	Street: 3216 Pierce Blvd City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Susan J. Evans, (certify): I reside at 3216 Pierce Blvd Racine, WI 53405
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 28 / 2011
(Month) (Day) (Year)

Susan J. Evans
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Terri Rieker	<i>Terri Rieker</i>	Street: 3216 Wood Rd #8 City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/28/2011 <small>(Month) (Day) (Year)</small>
2. McElhew Stephen	<i>Stephen McElhew</i>	Street: 2016 Lam ST City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
3. LOIS M MCGUIRE	<i>Lois M. McGuire</i>	Street: 6651 LINDSAY LANE City: MT Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/28/2011 <small>(Month) (Day) (Year)</small>
4. RONALD READING	<i>Ronald Reading</i>	Street: 4328 Lily Ln City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/28/2011 <small>(Month) (Day) (Year)</small>
5. Arthur W. Rickenberger	<i>Arthur W. Rickenberger</i>	Street: 7168 2 Mile Road City: Franksville Zip: 53126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	11/28/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Dennis R Wheeler (Name of Circulator), (certify): I reside at 3615 MONARCH DR #22 (Circulator's Residence - Street name and Number) RACINE (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

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Dennis R Wheeler
(Signature of Circulator)

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Circulators, please

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. STEPHEN KANETZKE	<i>Stephen Kanetzke</i>	Street: 4803 Kings Cove Road City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
2. Mary Morgenson	<i>Morgenson</i>	Street: 5101 Graceland City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
3. Christine Duncan	<i>Christine Duncan</i>	Street: 2800 Ole Davidson Rd. City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
4. PATRICK SLEWINSKI	<i>Patrick Slewinski</i>	Street: 2800 OLD DAVIDSON RD. City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT. PLEASANT <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
5. David Landrenac	<i>David Landrenac</i>	Street: 4603 Leslie Ann Lane City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

I, Douglas G. Mahntke (Name of Circulator), (certify): I reside at 2020 Lawn St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction for district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV 1 28 2011 (Month) (Day) (Year)

Douglas G. Mahntke (Signature of Circulator)

Page No. (Official Use Only)
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Circulator
Phone
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Erin Hanson	<i>Erin Hanson</i>	Street: 4203 16 th Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
2. Keone Sprewell	<i>Keone Sprewell</i>	Street: 407 Parkview Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
3. Jodi Lyn Mosher	<i>Jodi Lyn Mosher</i>	Street: 15636 Durand Ave City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Yorkville	11/21/2011 <small>(Month) (Day) (Year)</small>
4. Maritza Lopez	<i>Maritza Lopez</i>	Street: 1923 Chatham St. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
5. Laura Kerkman	<i>Laura Kerkman</i>	Street: 1400 E West St #9 City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	11/21/2011 <small>(Month) (Day) (Year)</small>
6. Janice M. Beaden	<i>Janice M. Beaden</i>	Street: 24915 Jackson City: Kansasville Zip: 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	11/21/2011 <small>(Month) (Day) (Year)</small>
7. Demetria Cheeks	<i>Demetria Cheeks</i>	Street: 15268 Quinay Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
8. Jennifer DeBroer	<i>Jennifer DeBroer</i>	Street: 10824 Wheatland Rd City: Burlington WI Zip: 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	11/21/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/21/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Laura Reed, (certify): I reside at 14000 West Union Ave Union Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

Laura Reed
(Signature of Circulator)

Page No. 000583
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. BEATRICE RASMUSSEN		Street: 7444 W. RIVER RD. City: CALEDONIA Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/20/2011 <small>(Month) (Day) (Year)</small>
2. Cindy A Buehmann		Street: 3710 16th St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
3. Catrina C. Sanchez		Street: 1003 Sycamore Ave. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
4. Cathy F. Sanchez		Street: 1003 SYCAMORE City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
5. Olga Aquino		Street: 1806 Badger St City: Racine W. Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
6. Cora C Sanchez		Street: 1540 Taylor Ave City: Racine W. Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
7. Guadalupe Castaneda		Street: 3108 Hanlin St City: Racine W. Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
8. Theodore Ramas		Street: 1550 Holmes Av City: Racine 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
9. DUANE HOFFREN		Street: 4628 CHARLES ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CALEDONIA	11/21/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, LILY RAMOS (Name of Circulator) (certify): I reside at 1550 Holmes Ave. (Circulator's Residence - Street name and Number) CALEDONIA (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Elizabeth Paredes-Richard	<i>E. Paredes Richard</i>	Street: 1323 Robin Lane City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/18/2011 <small>(Month) (Day) (Year)</small>
2. Griselda Garcia	<i>Griselda Garcia</i>	Street: 3712 Lindermann City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>
3. Taneka Golden	<i>Taneka Golden</i>	Street: 815 8th ST. Apt M14 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>
4. Robin Dalsing	<i>Robin Dalsing</i>	Street: 1825 1/2 Erie St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>
5. Michael Ramos	<i>M Ramos</i>	Street: 3651 Astoria Dr City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>
6. Stacie Ramos	<i>Stacie Ramos</i>	Street: 3651 Astoria Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>
7. JORDAN BERGMAN	<i>Jordan Bergman</i>	Street: 409 WICKHAM BLVD City: RACINE Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
8. Kevin Molina	<i>Kevin Molina</i>	Street: 409 Wickham Blvd. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
9. FRED BUEHMANN	<i>Fred Buehmann</i>	Street: 5311 Douglas Ave. #204 City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/19/2011 <small>(Month) (Day) (Year)</small>
10. VRSULA BUEHMANN	<i>Vrsula Buehmann</i>	Street: 5311 Douglas Ave #204 City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/19/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, LILY RAMOS, (certify): I reside at 1550 Holmes Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 20 / 12011
(Month) (Day) (Year)

Lily E. Ramos
(Signature of Circulator)

Page No. 000051
 # 000051

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Lori Wernicke	<i>Lori Wernicke</i>	Street: 243 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Patricia Yoghourtjian	<i>Patricia Yoghourtjian</i>	Street: 2413 Olive St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone
3. PETER M. YOGHOURTJIAN	<i>Peter M. Yoghourtjian</i>	Street: 2413 Olive St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone
4. Patrick Yoghourtjian	<i>Patrick Yoghourtjian</i>	Street: 1326 DEANE BLVD City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/17/2011 (Month) (Day) (Year)	Email Phone
5. Richard Shepard	<i>Richard Shepard</i>	Street: 622 HAYES AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/17/2011 (Month) (Day) (Year)	Email Phone
6. Tamara F Seleski	<i>Tamara F. Seleski</i>	Street: 622 Hayes City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone
7. Amanda Bouse	<i>Amanda Bouse</i>	Street: 2042 Georgia Ave. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)	Email Phone
8. Pamela D. Niels	<i>Pamela D. Niels</i>	Street: 246 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone
9. David Wernicke	<i>David Wernicke</i>	Street: 243 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Lori Wernicke, (certify): I reside at 243 Blaine Ave. Racine
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/22 12011 Lori Wernicke
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Printed Number)

#

000032

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Dale Barke</u> Sign: <u>Dale Barke</u>	Street: <u>626 Appaloosa Trail</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>dbarke</u> Phone: <u>(262)</u>
2. Print: <u>Allison mott</u> Sign: <u>All mott</u>	Street: <u>626 Appaloosa Trail</u> City: <u>Racine</u> Zip: <u>53402 WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
3. Print: <u>Vicki S. Barke</u> Sign: <u>Vicki S. Barke</u>	Street: <u>626 Appaloosa Trail</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/16/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262)</u>
4. Print: <u>Tarrell Klineck</u> Sign: <u>Tarrell Klineck</u>	Street: <u>1239 1/2 Monroe Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>
5. Print: <u>Jessica Vargas</u> Sign: <u>Jessica Vargas</u>	Street: <u>1126 Brookley</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/14/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(</u>

Certification of Circulator

I, Vicki Barke (certify): I reside at 626 Appaloosa Trail Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 27.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

Vicki S. Barke
(Signature of Circulator)

Page No. (Official Use Only)
000633

Circulators,
Please include your
Phone
(262)
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Jessica Balderas</u> Sign: <u>Jessica Balderas</u>	Street: <u>1108 S. Memorial Dr.</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(800) 262-2622</u>
2. Print: <u>Jeri Balderas</u> Sign: <u>Jeri Balderas</u>	Street: <u>2418 W. High St (upper)</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262) 262-2622</u>
3. Print: <u>Angel Medina</u> Sign: <u>angelmedina</u>	Street: <u>1821 Superior St</u> City: <u>RACINE</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>() () ()</u>
4. Print: <u>Todd Ziegenhagen</u> Sign: <u>Todd Ziegenhagen</u>	Street: <u>1323 Summit Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>() () ()</u>
5. Print: <u>Krystan Sacotte</u> Sign: <u>Krystan Sacotte</u>	Street: <u>414 Luedke Ave</u> City: <u>Racine</u> Zip: <u>53409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: <u>(262) 262-2622</u>

I, Vicki S. Barke (certify): I reside at 626 Appaloosa Trail Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a), Wis. Stats.

11 1 22 2011
(Month) (Day) (Year)
Vicki S. Barke
(Signature of Circulator)

Page No. (Official Use Only)
000694

Circulators.
Please include your contact information.
Phone: (262) 262-2622
Email:

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Gracy Beaupre</u>	<u>Gracy Beaupre</u>	Street: <u>2060 Deane BLV.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
2. <u>JEFFREY GERBY</u>	<u>Jeffrey Gerby</u>	Street: <u>27125 WAUMEESEE LK. DR.</u> City: <u>WAUBESAC</u> Zip: <u>53185</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waubesa</u>	<u>11/22/2011</u> (Month) (Day) (Year)
3. <u>Amy Martinez</u>	<u>Amy Martinez</u>	Street: <u>502-43rd Street</u> City: <u>Kenosha</u> Zip: <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>11/22/2011</u> (Month) (Day) (Year)
4. <u>Asewanetta Bonner</u>	<u>Asewanetta Bonner</u>	Street: <u>3564 Douglas Ave #305</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
5. <u>Jeffrey Floch</u>	<u>Jeffrey Floch</u>	Street: <u>1510 Buchanan St.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
6. <u>Brenda Martini</u>	<u>Brenda Martini</u>	Street: <u>1241 Lagard Ave</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
7. <u>Naomi Foucault</u>	<u>Naomi Foucault</u>	Street: <u>2723 Geneva St</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
8. <u>Judy Kellogg</u>	<u>Judy Kellogg</u>	Street: <u>2212 SUPERIOR ST</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)
9. <u>Debbie Winkelman</u>	<u>Debbie Winkelman</u>	Street: <u>2240 Howe St</u> City: <u>Racine WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	<u>11/22/2011</u> (Month) (Day) (Year)
10. <u>Shawnelle M. Nether</u>	<u>Shawnelle M. Nether</u>	Street: <u>1836 Mead St</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> (Month) (Day) (Year)

Certification of Circulator

I, Nicola Aiello, (certify): I reside at 1528 W. Sixth St. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

Nicola Aiello
(Signature of Circulator)

Page No. (Official Use Only)

000695

Circulator

Ph

En

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Noel Rivera	<i>Noel Rivera</i>	Street: 1227 Lathrop Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
2. Jeanette Montes De Oca	<i>J. Montes De Oca</i>	Street: 210 9th St Apt 9 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
3. Lorraine Canino	<i>Lorraine Canino</i>	Street: 1225 Cherry St Lane City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
4. Olivia Diaz	<i>Olivia Diaz</i>	Street: 1831 Racine St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
5. Amanda Tenhagen	<i>Amanda Tenhagen</i>	Street: 1431 9th St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
6. Graciela Villarreal	<i>Graciela Villarreal</i>	Street: 1019 N. Memorial Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
7. Deborah Wieden	<i>Deborah Wieden</i>	Street: 819 Oregon St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

I, Nicala Aiello (Name of Circulator), (certify): I reside at Racine 1528 W 6th St. Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 22 2011
(Month) (Day) (Year)

Nicala Aiello
(Signature of Circulator)

Page No. (Official Use Only)
 # **000596**

Return to:
Comptroller
PO Box
Madison

Circulators, please provide:
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>RICHARD G. HABERLE</u>	<u>Richard G. Haberle</u>	Street: <u>8512 FOX HAVEN CHASE</u> City: <u>STURTEVANT</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEVANT</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>ANNIE A. HABERLE</u>	<u>Annie A. Haberle</u>	Street: <u>8512 FOX HAVEN CHASE</u> City: <u>STURTEVANT</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEVANT</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>Deborah Bryant</u>	<u>Deborah Bryant</u>	Street: <u>1937 Center St</u> City: <u>Racine WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>JOSEPH GRACETTA</u>	<u>Joseph M. Gracetta</u>	Street: <u>1335 HARRINGTON</u> City: <u>RACINE, WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
5. <u>Katy Johnson</u>	<u>Katy Johnson</u>	Street: <u>3025 93rd</u> City: <u>Sturtevant</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
6. <u>Stacy Cervantes</u>	<u>Stacy Cervantes</u>	Street: <u>1807 N. Sunnyside Dr</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u>	<u>11/24/2011</u> <small>(Month) (Day) (Year)</small>
7. <u>Debbie Stauss-Scott</u>	<u>Debbie Stauss-Scott</u>	Street: <u>2025 Erie St.</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
8. <u>Isidore Brooks</u>	<u>Isidore Brooks</u>	Street: <u>1504 Erie St</u> Zip: <u>53402</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
9. <u>Ruth Hovers</u>	<u>Ruth Hovers</u>	Street: <u>6232 Kenosha Rd</u> City: <u>Kenosha WI</u> Zip: <u>53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>11/22/2011</u> <small>(Month) (Day) (Year)</small>
10. <u>Joe Overstreet</u>	<u>Joseph Overstreet</u>	Street: <u>1523 Sheridan Rd</u> City: <u>Kenosha</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>1/20</u> <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Joseph R. Cushing, (certify): I reside at 4045 Sheridan Rd 53403 Mt Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011
(Month) (Day) (Year)

Joseph R. Cushing
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Claire Deneka	<i>Claire Deneka</i>	Street: 2715 West Blvd. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
2. Mark S. Del Negro, Sr.	<i>Mark S. Del Negro, Sr.</i>	Street: 3229 Humboldt St. City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
3. Teresa M. Justman	<i>Teresa M. Justman</i>	Street: 1500 Pratt Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt. Pleasant	11/22/2011 (Month) (Day) (Year)
4. SOREN GADZINSKI	<i>Soren Gadzinski</i>	Street: 8709 MARSHALL HILSDR City: STURTEVANT WI Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sturtevant	11/22/2011 (Month) (Day) (Year)
5. DENNIS PETROVIC	<i>Dennis Petrovic</i>	Street: 3318 DREXEL AVE City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/12/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Joseph R. Cushing (Name of Circulator) (certify): I reside at 4045 Sheridan Rd 53403 (Circulator's Residence - Street name and Number) Mt Pleasant (Circulator Municipality)

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Circulators, please

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. VIVIAN J. WEBSTER	<i>Vivian Webster</i>	Street: 1641 DR MLK DRIVE City: RACINE, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
2. Lexy Ziegenhagen	<i>Lexy Ziegenhagen</i>	Street: 1641 Dr. Martin Luther King Dr. City: Racine Zip: 532104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
3. Denim Webster	<i>Denim Webster</i>	Street: 1641 Dr. MLK Drive City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
4. William Elwood	<i>Will Elwood</i>	Street: 3204 Ward Road #3 City: Mt. Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mount Pleasant <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)
5. Shirley Elwood	<i>Shirley Elwood</i>	Street: 3204 Ward Rd #3 City: Mt Pleasant, Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MOUNT PLEASANT <input type="checkbox"/> City	11/21/2011 (Month) (Day) (Year)
6. TRACY HALL	<i>Tracy Hall</i>	Street: 1301 Monrovia City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE WI	11/22/2011 (Month) (Day) (Year)
7. Latina Hall	<i>Latina Hall</i>	Street: 1301 1/2 Monrovia City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City racine, WI	11/22/2011 (Month) (Day) (Year)
8. Pam Boyle	<i>Pam Boyle</i>	Street: 520 Shelburne Ct #31 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
9. Betty Wheeler	<i>Betty Wheeler</i>	Street: 1909 Thurston Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
10. Kelly H. Gorman	<i>Kelly H. Gorman</i>	Street: 3424 Lindemann City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)

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Circulators, please

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Doug Strelecki	<i>Doug Strelecki</i>	Street: 3408 N. Greenway Rd City: Caledonia Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/24/2011 (Month) (Day) (Year)
2. Ashley Doebereiner	<i>Ashley Doebereiner</i>	Street: 9322 Florence drive City: Racine Zip: 53177	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/22/2011 (Month) (Day) (Year)
3. Don Pynaker	<i>Don Pynaker</i>	Street: 1627 Franklin St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
4. Edward Wytonick	<i>Edward Wytonick</i>	Street: 1540 Thurston Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
5. Debra Wytonick	<i>Debra Wytonick</i>	Street: 1540 Thurston Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
6. Alice Stowell	<i>Alice Stowell</i>	Street: 4915 Schoen Rd # 57 City: Union Grove, WI Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dover	11/22/2011 (Month) (Day) (Year)
7. Cory Schoen	<i>Cory Schoen</i>	Street: 822 Clark St. 53403 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
8. CHUCK GRIFFITH	<i>Chuck Griffith</i>	Street: 5741 Ringwood Rd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
9. Patricia Griffith	<i>Patricia Griffith</i>	Street: 5741 Ringwood Rd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
10. Nick D'Aguiro	<i>Nick D'Aguiro</i>	Street: 1120 Main Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)

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